



February 22, 2012

Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: Andrew Morgan

Re: Electronic Prescribing Recommendations

Dear Drew,

The National Council for Prescription Drug Programs recommends the following electronic prescribing standards supported by regulations actions.

NCPDP Formulary and Benefit Standard

- NCPDP recommends the regulatory process be started to move from the NCPDP Formulary and Benefit Standard Version 1.0 to Version 3.0. The modifications to the standard are noted below.
- The recommended timeline:
 - The regulation to be published in the June 2012 regulatory notification.
 - The effective date to be 60 days from publication (August 2012).
 - Entities may use NCPDP Formulary and Benefit Standard Version 1.0 or Version 3.0 during the period of August 2012 through June 30, 2014. This is the transition period.
 - The compliance date is July 1, 2014 for NCPDP Formulary and Benefit Standard Version 3.0.

NCPDP SCRIPT Standard

The original recommendation dates for sunseting NCPDP SCRIPT Version 8.1 were based on a regulatory publication schedule that was not met. Based on the current timeframe,

- NCPDP recommends the regulations be published which cite the following timeline:
 - The sunset date of NCPDP SCRIPT Standard Version 8.1 is October 31, 2013.
 - The compliance date for the use of NCPDP SCRIPT Standard Version 10.6 only is November 1, 2013.

If I can be of further assistance, please contact me.

Sincerely,

A handwritten signature in black ink, appearing to read "Lynne Gilbertson", written in a cursive style.

Lynne Gilbertson
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cc: Lee Ann Stember, NCPDP President
cc: NCPDP Board of Trustees

Formulary and Benefit Standard Modifications

Version 2.0

Optional Prior Authorization Lists were added for use in conveying prior authorization requirements:

- Prior Authorization Form List - Each list describes one Prior Authorization Form
- Prior Authorization Drug ID Form List - This list maps Drug ID/Coverage IDs to Prior Authorization Form lists.
- Prior Authorization Question List - The Prior Authorization Question List provides text to use for all of the questions defined in the Prior Authorization Form List.
- Prior Authorization Answer List - This list defines the choice values for questions that have choice lists.
- Prior Authorization Applicability List - Each Prior Authorization Form List that has conditional questions will also have a corresponding Prior Authorization Applicability list. This list describes the rules used to determine if a conditional question should be displayed.

Version 2.1

To provide a dependable base of information for Formulary and Benefit transmissions, the Formulary Status List is now required. The Formulary Status List Header provides fields that allow the sender to specify a default formulary status for non-listed drugs. In some cases, this is all the information that is necessary to describe the formulary. Verbiage was added to allow omission of Formulary Status Detail records when the non-listed formulary policies are used exclusively to convey the drugs' formulary statuses.

Version 3.0

The Classification List and references to it (such as Drug Classification Information) has been removed due to lack of use. The Classification ID (905-BT) has been removed from the Cross Reference Detail.

Coverage Information Detail – Medical Necessity (MN) was also removed. Coverage Information Detail – Resource Link – Summary Level (RS) has been removed.

Formulary Status existing value 2 was clarified to On Formulary/Non-Preferred. Value 3-99 was clarified to On Formulary/Preferred.

Text message support was added for Coverage and Copay Information. The following has been clarified from “The file load also enables payers to specify a single coverage-related text message for each drug” to “A payer may send multiple quantity limits, step medications, text messages and resource links for the same drug.” Text Message Type (A46-1S) has been added

RxNorm is cited for use in product identification.